

Substance Use Disorder Concurrent Request Form



If this is a step-down request, please use form X18512R07, Substance Use Disorder Initial Review Prior Authorization Request Form.

Effective May 1, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) providers are required to use the Availity Essentials® Provider Portal to submit pre-service prior authorization requests. **Faxes and phone calls for these requests will no longer be accepted by Blue Cross.** Please complete the clinical sections on this form and attach it to your request at Availity.com/essentials to ensure a timely review.

Providers outside of Minnesota or without electronic access can fax this form and complete clinical records to support the request, to (651) 662-0718.

Contact Information

Person Completing Form: _____ Phone: _____ Fax: _____

Patient Information

Member Name: _____ Gender: M F X

Member ID: _____ Date of Birth: _____

Member Address: _____

City/state/ZIP: _____ Phone: _____

Admission Information

Is this a step-down from another facility? Yes* No

Is this a step-down from another level of care? Yes* No

**If yes, please use form X18512R07*

Level of Care Requested: Detox

Please select only one level High Intensity Residential

Medium Intensity Residential

Low Intensity Residential/Halfway House

Admission Date: _____ Number of Days Requested: _____

Estimated Length of Stay: _____

Facility NPI / Tax ID: _____ Facility Provider ID: _____

Facility Name: _____

Facility Address: _____

Facility City/State/ZIP: _____

Phone: _____ Fax: _____

Primary Diagnosis Code: _____ Secondary Diagnosis Code: _____

Clinical Information Requested

1. What is this patient's treatment plan? *Please also include progress made.*

2. What are the patient's discharge plan? *Please include if member is accepting of aftercare recommendations, status of referrals made, barriers preventing a step down.*

Summary of Progress Toward Treatment Goals

Please indicate any changes from previous reviews. Provide Intake Dimension Ratings and a brief summary to support each rating. Please be specific in how ratings are determined for this patient, where patient continues to struggle, and what goals or recommendations are being made to aid this patient in these areas. Please provide specific examples, not generalized statements.

Dimension 1 – Acute Intoxication and/or Withdrawal Potential

Score: _____

Please include any PAWS, cravings with ratings or severity, is member utilizing MAT

Dimension 2 – Biomedical Conditions and Complications

Score: _____

Please include labs if abnormal and preventing medication initiation, vitals if abnormal.

Dimension 3 – Emotional, Behavioral, or Cognitive Conditions and Complications**Score:** _____

Please include any impulsive behaviors, mood changes, unstable mood, etc.

Dimension 4 – Readiness to Change**Score:** _____

Please include progress being made, motivation, identified coping skills, relapse triggers, is member completing treatment plan assignments, attendance, interaction with peers/staff, minimizing or glorifying use, etc.

Dimension 5 – Relapse, Continued Use, or Continued Problem Potential**Score:** _____

Please identified coping skills and implementation, relapse triggers, commitment to abstaining, relapse prevention plan status, barriers preventing a step down to a lower level of care.

Dimension 6 – Recovery/Living Environment**Score:** _____

Please include any family/support involvement while in treatment, any identified sober hobbies/activities/structure outside of programing, living environment after treatment, employment, etc.

Case Management

Case Management services are available to assist the provider/member with discharge planning, family support, etc. Please contact our Behavioral Health Case Management Department at (877) 887-0873 to get connected to a case manager.

Yes, I am interested in a case manager reaching out to assist.

Contact Name: _____ Phone: _____

No, I am not interested at this time.

Concurrent Review Guidelines

We will review chemical dependence treatment stays regularly for medical necessity. Reviews will be done based on the patient's needs and progress.

Please note: A new (Initial) pre-certification request must be submitted for patients who are transitioning from one level of care to another prior to the transition.

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